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PTO/SB/21 (modified)  
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|  |                       |                        |                        |
|--|-----------------------|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence during pendency of filed application)</i> | Application Number    | 09/397,491             |                        |
|  | Filing Date           | September 15, 1999     |                        |
|  | First Named Inventor  | Stanislav Khirman      |                        |
|  | Group Art Unit Number | 2143                   |                        |
|  | Examiner Name         | George C. Neurauter    |                        |
| Total Number of Pages in This Submission   | 14                    | Attorney Docket Number | 22501-05496 (NARSP003) |

| ENCLOSURES (check all that apply)   |   |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input type="checkbox"/> Check Enclosed                | <input type="checkbox"/> Issue Fee Transmittal  |
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| <input type="checkbox"/> Declaration  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney  | <input type="checkbox"/> Certified Copy of Priority Document(s)                               |
| <input type="checkbox"/> Application Data Sheet   | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A<br><input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/>  |
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| <input type="checkbox"/> Request for Correction of Recorded Assignment  | <input type="checkbox"/>  |
| <input checked="" type="checkbox"/> Amendment/Response: 11 Pages<br><input checked="" type="checkbox"/> After Final               | <input type="checkbox"/>  |
| <input type="checkbox"/> Status Request   | <input type="checkbox"/>  |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney  | <input type="checkbox"/>  |

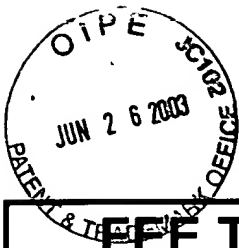
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REMARKS:

| SIGNATURE OF ATTORNEY OR AGENT |                                    |
|--------------------------------|------------------------------------|
| Signature:                     |                                    |
| Attorney/Reg. No.:             | David D. Schumann, Reg. No. 53,569 |
| Dated:                         | June 23, 2003                      |

| CERTIFICATE OF MAILING  |                   |
|---|-------------------|
| I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10. |                   |
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| Dated:  | June 23, 2003     |
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22501/05496/DOCS/1358404.1



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|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Patent fees are subject to annual revision. |  | <b>Complete if Known</b> |                        |
|   |  | Application Number       | 09/397,491             |
|   |  | Filing Date              | September 15, 1999     |
|   |  | First Named Inventor     | Stanislav Khirman      |
|   |  | Examiner Name            | George C. Neurauter    |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Art Unit                 | 2143                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | Attorney Docket No.      | 22501-05496 (NARSP003) |
|   |  |                          |                        |

| <b>METHOD OF PAYMENT</b> (check all that apply)   |              | <b>FEE CALCULATION</b> (continued)                                 |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
|---|--------------|--|--------------|-----------------|-----------|-----------|-----------|---------|--------|------------------------|----------|--------------------|-----------------------------------|----------|--------------------|---------------------------------------|---------|----------|---|------------------|--------|---|---------------------|--------------------|------------------|----------|---------|------------------------|--|---------------------|--|-------------|-------------|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None<br>Deposit Account:<br>Deposit Account Number: 19-2555<br>Deposit Account Name: Fenwick & West LLP   |              | <b>3. ADDITIONAL FEES</b><br>JUN 27 2003<br>Technology Center 2.00 |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <b>FEE CALCULATION</b>  |              |  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <b>1. BASIC FILING FEE</b>  |              |  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Code (\$)</th><th>Code (\$)</th><th></th><th></th></tr></thead><tbody><tr><td>1001 750</td><td>2001 375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 330</td><td>2002 165</td><td>Design filing fee</td><td></td></tr><tr><td>1003 520</td><td>2003 260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 750</td><td>2004 375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b></td><td><b>0.00</b></td></tr></tbody></table>             |              | Large Entity   | Small Entity | Fee Description | Fee Paid  | Code (\$) | Code (\$) |         |        | 1001 750               | 2001 375 | Utility filing fee |                                   | 1002 330 | 2002 165           | Design filing fee                     |         | 1003 520 | 2003 260  | Plant filing fee |        | 1004 750  | 2004 375            | Reissue filing fee |                  | 1005 160 | 2005 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  | <b>(\$)</b> | <b>0.00</b> |  |  |
| Large Entity  | Small Entity | Fee Description  | Fee Paid     |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| Code (\$)   | Code (\$)    |  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1001 750  | 2001 375     | Utility filing fee   |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1002 330  | 2002 165     | Design filing fee  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1003 520  | 2003 260     | Plant filing fee   |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1004 750  | 2004 375     | Reissue filing fee   |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1005 160  | 2005 80      | Provisional filing fee   |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <b>SUBTOTAL (1)</b>   |              | <b>(\$)</b>  | <b>0.00</b>  |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |              |  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>14</td><td>-20** = 0</td><td>X 9</td><td>= 0</td></tr><tr><td>Independent Claims</td><td>2</td><td>-3** = 0</td><td>X 42</td><td>= 0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table>   |              | Total Claims   | Extra Claims | Fee from below  | Fee Paid  | 14        | -20** = 0 | X 9     | = 0    | Independent Claims     | 2        | -3** = 0           | X 42                              | = 0      | Multiple Dependent |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| Total Claims  | Extra Claims | Fee from below   | Fee Paid     |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 14  | -20** = 0    | X 9  | = 0          |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| Independent Claims  | 2            | -3** = 0   | X 42         | = 0             |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| Multiple Dependent  |              |  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
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| Large Entity  | Small Entity | Fee Description  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| Code (\$)   | Code (\$)    |  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1202 18   | 2202 9       | Claims in excess of 20   |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1201 84   | 2201 42      | Independent claims in excess of 3                                  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1203 280  | 2203 140     | Multiple dependent claim, if not paid                              |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1204 84   | 2204 42      | **Reissue independent claims over original patent                  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| 1205 18   | 2205 9       | **Reissue claims in excess of 20 and over original patent          |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| <b>SUBTOTAL (2)</b>   |              | <b>(\$)</b> 0.00   |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
| **or number previously paid, if greater; For Reissues, see above  |              | <b>SUBTOTAL (3)</b> (\$) 0.00                                      |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |
|   |              | Other fee (specify) _____  |              |                 |           |           |           |         |        |                        |          |                    |                                   |          |                    |                                       |         |          |   |                  |        |   |                     |                    |                  |          |         |                        |  |                     |  |             |             |  |  |

|                     |                   |                                   |                |
|---------------------|-------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                   | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | David D. Schumann | Registration No. (Attorney/Agent) | 53,569         |
| Signature           |                   | Telephone                         | (650) 335-7189 |
|                     |                   | Date                              | June 23, 2003  |



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANT: Stanislav Khirman, Mark Ronald Stone, Oren Arial and Ori Cohen  
SERIAL NO.: 09/397,491  
FILING DATE: September 15, 1999  
TITLE: Method and Apparatus for Providing Additional Information in  
Response to an Application Server Request  
EXAMINER: George C. Neurauter  
GROUP ART UNIT: 2143  
ATTY. DKT. NO.: 22501-05496 (NARSP003)

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By: [Signature]

David D. Schumann, Reg. No. 53,569

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AMENDMENT D AND RESPONSE  
UNDER 37 C.F.R. §1.116

In response to the Final Official Action mailed April 22, 2003, which set a shortened statutory period for response that expires on July 22, 2003, kindly enter the following amendments and remarks. Applicants submit this response within the 2-month period for response per 37 CFR §§ 1.116 and M.P.E.P. §706.07(f).

Kindly amend this application as indicated herein.